

CITY OF HARRISONBURG

Department of Community Development
Building Inspection Division
409 South Main Street, P.O. Box 20031

Harrisonburg, Virginia 22801-7531

Telephone No. 540-432-7700 Fax No. 540-432-7777

Building Permit No: _____

Supplement to Building Permit No: _____

___ BOCA Class "A" No: _____

___ CABO Class "B" No: _____

Class "C" No: _____

Harrisonburg Business License No: _____

Contracted By ___ Performed By ___ Supervised By ___

Workers Name _____

Workers Mailing Address _____

City of _____ State _____

Zip Code _____ Tele No _____

Bond Current Yes ___ No ___

Type of Work to be Done

New ___ Repair ___ Addition ___ Improvement ___

REMARKS

ELECTRICAL PERMIT APPLICATION

Owner:

Name: _____

Mailing Address _____

City _____ State _____

Zip Code _____ Tele No _____

Description and Location of Lot:

House Number(s) _____

Street Name _____

Sheet _____ Block _____ Lot(s) _____

Service is Serving

Residential ___ Commercial ___

Location, Type and Size of Service

Underground ___ Aboveground ___

Type of Service: New Service ___ Service Upgrade ___

Phase: Single ___ Three ___

Voltage: 120/208 ___ 120/240 ___ 277/480 ___

Other Voltage: _____

Service Up-Grade (Amps): Current _____ Proposed _____

List Full Ampacity of Main Panel at Each Meter Location: _____

Number of Meters _____ Number of Disconnects _____

Available Fault Current _____

Underground Comm Service No of Conductors/Phase (8 Max) _____

Size _____ Aluminum ___ Copper ___

Number of Each

Switches _____ Receptacles _____

Ceiling Lights _____ Ceiling Fans _____

1 ½ T Heat Pump _____ 1 ½ T AC _____

2T Heat Pump _____ 2T AC _____

2 ½ Heat Pump _____ 2 ½ T AC _____

3T Heat Pump _____ 3T AC _____

3 ½ T Heat Pump _____ 3 ½ T AC _____

5T Heat Pump _____ 5T AC _____

Other Heat Pump _____ Other AC _____

Motors _____ Motors Size HP _____

Date _____ Building Permit No. _____

Applicant _____

Type of Heat

Gas ___ Oil ___ Electric ___ Heat Pump ___

Number of Each

Water Heater(s) _____ Boilers _____ Furnaces _____

Roof Top Unit(s) _____ Oven(s) _____ Range(s) _____

Space Heater(s) _____ Grill(s) _____

Deep Fryer(s) _____ Unit Heater(s) _____

Steam Table(s) _____ Crematory _____ Dryer(s) _____

Range Hood(s) _____ Incinerator(s) _____

Refrigeration Systems _____ Heat Exchanger(s) _____

Hood Fire Suppression System Yes ___ No ___

Estimated Total Value of Construction

Including Value of Materials and Labor _____

Fee: _____ State Levy _____

Total Fee _____

Building Division _____